

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Professional Insurance Agents Political Action Committee

ADDRESS (number and street)

400 N. Washington St.

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00004994

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mike Becker

Signature of Treasurer

Electronically Filed by Mike Becker

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	66477.24
(b) Cash on Hand at Beginning of Reporting Period	85859.04	
(c) Total Receipts (from Line 19)	2646.26	60381.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88505.30	126858.93
7. Total Disbursements (from Line 31)	4360.72	42714.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	84144.58	84144.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

Professional Insurance Agents Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1808.34	35073.65
(ii) Unitemized	835.00	23929.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2643.34	59002.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	350.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2643.34	59352.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.92	28.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2646.26	60381.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2646.26	60381.69

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	360.72	2414.35	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	360.72	2414.35	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	41300.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	-1000.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	-1000.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4360.72	42714.35	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4360.72	42714.35	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2643.34	59352.90
34. Total Contribution Refunds (from Line 28(d))	0.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2643.34	60352.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	360.72	2414.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	360.72	2414.35

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joe B. Atkins

Mailing Address 204 W Arnold Ave
PO Box 9

City State Zip Code
Arnold NE 69120-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold Ins Agency Inc

Occupation
Insurance Agent

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135107

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Joe B. Atkins

Mailing Address 204 W Arnold Ave
PO Box 9

City State Zip Code
Arnold NE 69120-0006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arnold Ins Agency Inc

Occupation
Insurance Agent

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: C1145410

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Donald H. Flanders

Mailing Address P.O. Box 1346

City State Zip Code
Laconia NH 03247-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byse Agency, Inc.

Occupation
Insurance Agent

Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135103

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

333.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald H. Flanders

Mailing Address P.O. Box 1346

City

Laconia

State

NH

Zip Code

03247-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Byse Agency, Inc.

Occupation

Insurance Agent

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135104

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cathy Klasi

Mailing Address 920 S 107th Ave., Suite 305

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIA Association for Nebra-
ska & Iowa

Occupation

Association Executive

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135093

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John G. Lee

Mailing Address 2105 Jefferson Davis Hwy

City

Fredericksburg

State

VA

Zip Code

22404-0847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee-Curtis Ins Service Inc

Occupation

Insurance Agent

Receipt For: 2010

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135091

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ryan Loecker

Mailing Address PO BOX 400
1201 W 2ndCity State Zip Code
Crofton NE 68730FEC ID number of contributing
federal political committee.

C

Name of Employer
Joe Janssen AgencyOccupation
Insurance AgentReceipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: C1145408

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Stanley G. Logan, Jr.

Mailing Address PO Box 24315

City State Zip Code
Louisville KY 40224-4315FEC ID number of contributing
federal political committee.

C

Name of Employer
Logan Lavelle Hunt Ins Ag-
ency LLCOccupation
Insurance AgentReceipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135089

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ray L. Peretti

Mailing Address PO Box 796

City State Zip Code
Renton WA 98057FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub Insurance AgencyOccupation
Insurance AgentReceipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135105

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian K. Prejean

Mailing Address PO Box 430

City

Brusly

State

LA

Zip Code

70719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rod Prejean & Associates

Occupation

Insurance Agent

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135092

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gregory Sather

Mailing Address 3600 Holly Lane N #90

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIA of Minnesota

Occupation

Insurance Agent

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135094

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Gregory Sather

Mailing Address 3600 Holly Lane N #90

City

Plymouth

State

MN

Zip Code

55447

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIA of Minnesota

Occupation

Insurance Agent

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135095

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert C. Shanley

Mailing Address 395 New Haven Avenue

City	State	Zip Code
Milford	CT	06460-6649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nicholson Associates IncOccupation
Insurance Agent
 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135090

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jon D. Spalding

Mailing Address 101 S Main St
PO Box 258

City	State	Zip Code
Perry	MI	48872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spalding Insurance Agency
IncOccupation
Insurance Agent
 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼
 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135099

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jon D. Spalding

Mailing Address 101 S Main St
PO Box 258

City	State	Zip Code
Perry	MI	48872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spalding Insurance Agency
IncOccupation
Insurance Agent
 Receipt For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

 Aggregate Year-to-Date ▼
 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID: C1135102

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Larry Willis

Mailing Address 18401 NW 27th Ave

City

Miami

State

FL

Zip Code

33056-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Annette Willis Ins Agency
Inc

Occupation

Insurance Agent

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1135098

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

1808.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sun Trust Bank

Mailing Address PO Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

Purpose of Disbursement
Indiv Bank Fees - 10/10

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D109648

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

360.72

SUBTOTAL of Disbursements This Page (optional)

360.72

TOTAL This Period (last page this line number only)

360.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Becker for Congress

Mailing Address 1948 LEONARD LANE

City
MERRICK

State
NY

Zip Code
11566

Purpose of Disbursement
Contribution to candidate for Federal office.

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: D108799

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hoeven for Senate

Mailing Address PO Box 861

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
Contribution to candidate for Federal office.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District:

Transaction ID: D106251

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Renee Ellmers for Congress Committee

Mailing Address P. O. Box 904

City
Dunn

State
NC

Zip Code
28335

Purpose of Disbursement
Contribution to candidate for Federal office.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D107988

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Professional Insurance Agents Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Majority Partnership Fund

Mailing Address 228 South Washington Street, Suite

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
Contribution to candidates for Federal office.

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D106253

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

4000.00